



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

Corrections Instructor - Special Subject Application

The following criteria must be met:

- Must be a high school graduate or possess a GED
- Three years combined experience and training in subject area for which certification is sought
- Completion of OPOTC-approved 80-hour Instructional Skills course, or Bachelor's Degree in Education; or current Ohio Department of Education Career Technical Education (CTE) license

Exceptions to the training requirements are:

- Attorneys licensed in the state of Ohio who apply for certification in any legal topics. (Submit a copy of your attorney registration card.)
- Duly qualified First Aid instructors for American Heart Association, Red Cross, or American Safety and Health Institute who apply for certification in any first aid topics. (Submit a copy of your instructor card.)
- Duly qualified Instructors in Homeland Security who apply for certification in any homeland security topics.

Please include the following information with your application:

- Recommendation of a currently approved OPOTC Corrections Basic Training commander.

Refer to "Guidelines for Corrections Officer Instructor Certification" for minimum criteria to teach an individual topic.

Utilize the curriculum sheet on the last page of the application to indicate the topics in which the instructor desires certification.

Return application with all supporting documentation to:

Email: OPOTC.Instructors@OhioAttorneyGeneral.gov

Ohio Peace Officer Training Commission
Professional Standards Division
P.O. Box 309
London, Ohio 43140



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Corrections Instructor- Special Subject Application

This form may be emailed to: OPOTC.Instructors@OhioAttorneyGeneral.gov

Name _____ Alias: _____
Last First Middle

Address _____
No./Street/P.O.Box City County State Zip Code

Phone Number: _____ - _____ - _____ SSN (Last 5): _____ DOB: _____ Male ☐ Female ☐

Email _____

***Email required for receiving Certificate.**

☐ By checking this box, you are authorizing OPOTC to add your Instructor information to the Instructor Directory on the OPOTA Portal. You may be contacted in their efforts to find an instructor.

Commander Email _____

☐ Check if certificate is also to be emailed to Commander.

I. Education

High School Diploma/GED

High School Name Address Date received

Training in subject area to be taught - 3 years required

School Name	Dates Attended	Program/Course/Major	Degree/Certificate Received & Attached
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. Practical Experience History:

List all positions and facility assignments and/or other practical experiences related to the topic(s) for which certification is being requested. Include dates of employment and position title for all work experiences. A resume can be used as a supplement, but cannot be used in place of completing this section.

Agency Name	Position	Dates
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_____	_____	_____
_____	_____	_____
_____	_____	_____



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Completion of 80 hour Commission approved Instructional Skills Course (attach certificate)

Location of Instructor Skills Course

Dates Attended

Date Completed

III. Background Information

Have you ever been investigated, disciplined, or terminated for any matters alleging theft, falsification, dishonesty, violence, immorality, ethical misconduct, and/or sexual misconduct? If yes, include a detailed summary.

☐ Yes ☐ No

Have you ever been convicted of a felony, or are you subject to a firearms disability or prohibition? If yes, include a detailed summary.

☐ Yes ☐ No

I declare that the information in this application is true and correct to the best of my knowledge.

Name of Applicant

Signature of Applicant

Date

IV. Commander Recommendation and Intent to Employ

(initial) I attest that the information provided in this application is, to the best of my knowledge, true and accurate. I understand that falsification of any information may impact my ability to command this school or future schools, may impact my status as an OPOTC-certified commander, and may carry other legal consequences.

(initial) Within the next 12 months, I intend to employ this applicant as an instructor in an OPOTC-approved academy that I will command.

Attesting to the above, I recommend this application be accepted and the applicant certified.

School Commander's Name

School Commander's Signature

School Name

OPOTC CTA Number

Date

Phone Number

Email



Corrections Full-Service Jail Training Curriculum (Effective 07/01/2024)

1. Administration

- ___ 1. Introduction to Basic Training (Commander Only)
- ___ 2. Ethics and Professionalism**
- ___ 3. Report Writing**

5. ___ Medical Overview**

6. ___ Subject Control Techniques*

2. Legal

- ___ 1. Overview of the Criminal Justice System
- ___ 2. Inmate Rights & Civil Liability*
- ___ 4. Overview of Full Service Jail Standard
- ___ 7. Overview of Prison Rape Elimination Act (PREA)**

7. ___ First Aid/CPR/AED*

***Denotes Instructor Course Is Required For Certification.**

3. Jail Security

- ___ 1. Basic Security Duties
- ___ 2. Inmate Discipline
- ___ 3. Admission, Classification, & Release
- ___ 4. Cell and Living Area Searches
- ___ 5. Body Searches
- ___ 7. Fire Safety**
- ___ 8. Handling Emergency Situations
- ___ 9. Transportation of Inmates

****Denotes Advanced Training Course In Subject Matter Is Required For Certification.**

Refer to "Guidelines for Corrections Officer Instructor Certification" for minimum criteria to teach an individual topic.

4. Human Relations

- ___ 1. Interpersonal Communication in the Correctional Setting**
- ___ 2. Inmate Supervision
- ___ 3. Crisis Intervention & Suicide Prevention*
- ___ 4. Stress and the Correctional Officer**
- ___ 5. Community Diversity & Procedural Justice*